



VISA AND MASTERCARD PRE-AUTHORIZATION

1 RESIDENTIAL (complete sections 1, 2, 3)

PRINT NAME (s):

MAILING ADDRESS:

CITY: PROVINCE: POSTAL CODE: HOME TELEPHONE #

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CELL TELEPHONE: CELL TELEPHONE:

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WORK TELEPHONE: WORK TELEPHONE:

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2 CARD INFORMATION

TYPE OF CARD:

AUTHORIZATION NUMBER:

EXPIRY DATE:

3 BANK REFERENCE

NAME OF BANK: ACCOUNT #:

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ADDRESS:

CONTACT NAME: TELEPHONE # EXT.:

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4 BUSINESS (complete sections 2, 3 & 4)

CORPORATION

SOLE PROPRIETORSHIP

YEARS IN BUSINESS:

NAME OF BUSINESS:

MAILING ADDRESS:

CITY: PROVINCE: POSTAL CODE: TELEPHONE #:

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CELL #: FAX #: E-MAIL ADDRESS:

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GST #: PST #:

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CREDIT TERMS - NET 30 DAYS

* Past due accounts may be subject to interest charges at a rate of 2% per month, 24% per annum.

* I agree that the information given above is accurate and complete.

I authorize **PRIMEMAX ENERGY INC.** to conduct credit checks or obtain any information required to establish or verify my financial standing for the purpose of this credit application. I also agree to comply with the terms and conditions of sale as stated above.

* In compliance with the Privacy Act, this information is not distributed to any other party, or used in any other way, except for the purpose stated above. This information is considered private and confidential.

Signed:

Date:
